2021 Children's Ministry Release Forms

Child's Name: _____

Birthdate: _____/_____/_____

Does the child have any special needs or medical conditions?   Yes   No

If YES, Explain:_____

Name of Physician:_____

Physician's Phone:_____

Name of Medical Insurance: _____

Policy/Group Number:_____

Medical Release
I herein authorize the adult sponsor of South Shores Church, Monarch Beach, CA, to consent to any X-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. This authorization given pursuant to Section 25.8 of the Civil Code of California, and shall remain effective until **December 31, 2021.**

Liability Release
I hereby assume risk of, responsibility and liability for, and release, forever discharge and agree to hold harmless South Shores Church, its directors, employees, volunteers and event participants, from all liability, claims, demands, expenses, costs and obligations directly or indirectly resulting from personal injury, sickness, death and/or property damage associated with any activity covered by this form. The undersigned further agrees to hold harmless, defend and indemnify South Shores Church, its directors, employees, volunteers and event participants for all liability, claims, demands, expenses, costs and obligations directly or indirectly caused by my negligent, willful or intentional act.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian:_____

Date:_____

Photo Release
I authorize South Shores Church, at its sole discretion, to use and publish for any lawful purpose and without compensation, photographs, video, audio and/or other depictions of my child at this event. This authorization shall remain in effect until revoked in writing.

I hereby certify that I am the parent / guardian of the minor named above, and do hereby give my consent without reservation to the foregoing releases on behalf of this person.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian:_____

Date:_____